## NORTHERN VIRGINIA LONG-TERM CARE OMBUDSMAN PROGRAM

12011 Government Center Parkway, Suite 708 Fairfax, VA 22035-1104 (703) 324-5861

## **VOLUNTEER APPLICATION**

PLEASE PRINT							
Name					Home Phone		
	(Last)		(First)				
Home Address	s				Work Phone		
					Date of Birth		
Email Address	s (opt.):						
Education (Circle last year completed)		d)	High School	College	Graduate School		
			1 2 3 4	1 2 3 4	1 2 3 4		
	[	PA	AID EXPERIE	NCE	]		
Current Em	nployer:						
Responsibi	4*.*						
2. Previous er	mployment experience	(describe)					
	Į.	VOLU	NTEER EXPE	RIENCE	]		
3. Have you e	ever been a volunteer?		If yes, where?				
Dates:		Describe Activities:					

LONG-TERM CARE FACILITY EXPERIENCE

	_		No		
		Yes	No		
	_	_	•	Yes	No
Does a member of your fami	ly reside in a nursing home or a	assisted living facility	at the present ti	ime? Yes No	)
	ОТН	IER			
Do you have ownership or an	investment interest in a long to	erm care facility or its	s affiliates?	Yes	No
Do you drive?	10. Do	you have your own t	ransportation?		
ease provide two personal refe	erences (other than family mem	bers):			
ame)	(Address)		(Phone)		
rame)	(Address)		(Phone)		
ow did you learn about this pr	ogram?				
(Signature)			(Date)		
	Describe briefly:  Have you had any experience Describe briefly:  Do you or a family member of Describe briefly:  Does a member of your family figure of the provide two personal references.  The provided two personal references of the provided two personal references.  The provided two personal references of the provided two personal references.  The provided two personal references of the provided two personal references.  The provided two personal references of the provided two personal references.  The provided two personal references of the provided two pe	Describe briefly:  Have you had any experience working with elderly adults?  Describe briefly:  Do you or a family member work in or own a nursing home Describe briefly:  Does a member of your family reside in a nursing home or a If yes, where?  OTH  Do you have ownership or an investment interest in a long to go you drive?  10. Does as provide two personal references (other than family members ame)  (Address)  ame)  (Address)  ow did you learn about this program?	Describe briefly:  Have you had any experience working with elderly adults?  Yes  Describe briefly:  Do you or a family member work in or own a nursing home or assisted living factorist describe briefly:  Does a member of your family reside in a nursing home or assisted living facility of the sease provide two personal references (other than family members):  ame)  (Address)  Order  OTHER  10. Do you have your own to ease provide two personal references (other than family members):  ame)  (Address)  Order  (Address)	Describe briefly:  Have you had any experience working with elderly adults? Yes No  Describe briefly:  Do you or a family member work in or own a nursing home or assisted living facility?  Describe briefly:  Does a member of your family reside in a nursing home or assisted living facility at the present to If yes, where?  OTHER  Do you have ownership or an investment interest in a long term care facility or its affiliates?  Do you drive?  10. Do you have your own transportation?  ease provide two personal references (other than family members):  ame)  (Address)  (Phone)  ow did you learn about this program?	Describe briefly:  Have you had any experience working with elderly adults? Yes No  Describe briefly:  Do you or a family member work in or own a nursing home or assisted living facility? Yes  Describe briefly:  Does a member of your family reside in a nursing home or assisted living facility at the present time? Yes No  If yes, where?  OTHER  Do you have ownership or an investment interest in a long term care facility or its affiliates? Yes  Do you drive?  10. Do you have your own transportation?  ease provide two personal references (other than family members):  ame) (Address) (Phone)  ame) (Address) (Phone)  ow did you learn about this program?